

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5960

FILED MAR 11 1943

Registration District No. 3088

Primary Registration District No. 3088

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callaway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

3. (a) PHASE FULL NAME Mr. Eliza Belle Smallwood
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roger 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Oct 13 1917
(Month) (Day) (Year)

8. AGE: Years 25 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Callaway Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business Henry Thomas

12. Name Henry Thomas

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ollie Galbreath

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Roger Galbreath

(b) Address 836 Green Fulton, Mo

17. (a) Burial, cremation or repository Old Oakland Cem Callaway Co Mo

(b) Date thereof Feb 6 43
(Month) (Day) (Year)

(c) Place, burial or cremation Callaway Co Mo

18. (a) Signature of funeral director Eli Beed

(b) Address Fulton Mo

19. (a) Feb 6 - 43 (b) Josie M. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. 836 Green
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2
year 1943 hour 6 minutes 50 P.M.

21. I hereby certify that I attended the deceased from Jan. 27
1943 to FEB 2 1943
that I last saw h. in alive on Feb 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death LOBAR PNEUMONIA, ANEMIA Duration

Due to COLD, ANEMIA, CONVULSIONS, SEPTICEMIA

Due to 108

Other conditions (Include pregnancy within 3 months of death)
Major findings: lots of blood re-moved from the uterus
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature Dr. A. Richmond (M. D. or D. O.)
Address 529 A Court Fulton Mo Date signed Feb 2nd 43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Eli Bell

Licensed Embalmer No. *2130*

P. O. Address *Fulton Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.